

## Godparent Commitment and Eligibility Form

*Our Lady of Light Catholic Community*  
19680 Cypress View Drive, Fort Myers, FL 33967  
Phone: (239) 267-7088 FAX: (239) 267-5481

1. Prayerfully read and complete this form and **return it to Our Lady of Light** Parish Office (address at left)
2. OLOL will send this completed and signed form to the requesting parish within 7 days.

You have been asked to be a Godparent for the Sacrament of Baptism. In accepting this very important invitation, you are urged to reflect on the responsibility of your commitment. Please read the following and pray about the role you will be fulfilling in the life of this new Catholic. After prayerful reflection, please check the boxes, sign, and return this statement of eligibility to our Parish Office.

- I have formally celebrated the Sacrament of Baptism, celebrated Eucharist and Confirmation.
- I am sixteen (16) years of age or older.
- I participate regularly in Sunday Mass and Communion as a participating Roman Catholic and I fulfill my obligations to my parish to the best of my ability.
- I give full witness to my faith in Jesus Christ and strive to live out my commitment to the Gospel message.
- Regarding my current vocation (check one):
  - I'm single or engaged and not living together, OR
  - I am married and in a marriage recognized as valid in the Catholic Church (if re-married, earlier marriage annulled and current marriage in the Catholic Church).
- I am not presently under any restrictions which would prevent me from the free exercise of my faith as a member of the Catholic Church.

As the Godparent of \_\_\_\_\_, I promise to give my support by my prayers, my continued interest in his/her growth as a Catholic, and by the Christian example of my daily life. I will do all in my power to assist the parents of this child to raise the child in the Catholic faith."

Signature \_\_\_\_\_

Your Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

### Who is requesting this form/letter from you?

Parish Name \_\_\_\_\_

Parish Address \_\_\_\_\_

Parish Phone Number \_\_\_\_\_

Email Address of baptism contact at the baptism parish \_\_\_\_\_

**Please return this completed form to Our Lady of Light Catholic Community Parish Office at least one month before the baptism. It can be dropped off, mailed or faxed. We will send it to the requesting parish.**

Attested by Rev. \_\_\_\_\_

Date \_\_\_\_\_

**Seal**